

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1359 / 4995
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
DNC Services Corp./Dem. Nat'l Committee

A.

Full Name (Last, First, Middle Initial)
Michael Grant

Mailing Address 2622 Deer Run Drive

City State Zip Code
South Weber UT 84405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
AIM Hospitalist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 17 / 2010

Transaction ID: C23195683

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Leopold Graupera

Mailing Address 25607 Creekview Cir

City State Zip Code
Corral de Tierra CA 93908

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
George Mee Memorial Hospital Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
03 / 04 / 2010

Transaction ID: C23126993

Amount of Each Receipt this Period
100.00

C.

Full Name (Last, First, Middle Initial)
Leopold Graupera

Mailing Address 25607 Creekview Cir

City State Zip Code
Corral de Tierra CA 93908

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
George Mee Memorial Hospital Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
MM / DD / YYYY
03 / 06 / 2010

Transaction ID: C23151549

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **700.00**

TOTAL This Period (last page this line number only) ►